ACCOUNT INFORMATION AT-A-GLANCE

Contact:

FORM # NHBD-10

| | | | | | (Pursuant to New Hampshire RSA 383:13-a) Name of Institution: As of | | | | | Address: Phone #: | | | |
|---------------|-------------------------------|---|------------------------------|------------------------------|---|-------------------------------------|-----------------------------|--|------------------------|--|------------------------------|-----------------------------|------------------------|
| RODUCT | Minimum Balance to Open | Minimum Balance To Earn Interest | Monthly Service Charge | If Balance Falls Below | Age Requirement | Deposited Check Return Fee | ATM Available? Yes/No | Maximum # of Checks Before Charge, & Min. Balance Required | Charge Per Check | Overdraft Line of Credit Available? Yes/No | Insufficient Funds Fee | Uncollected Funds Fee | Stop Payment Fee |
| HECKING |] | | | | | | | | | | | | |
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| assbook | | | | | | | | | | | | | |
| tatement | | | | | | | | FOR ADDITIONAL INFORMATION REFER TO | | | | | |
| hildren | | | | | | | | | | THE INSTITU | JTION'S TRUTH | IN SAVINGS | |
| lub/Special | | | | | | | | | | DISC | LOSURE BROCH | IURE | |
| | ATM FEES | | | OTHER FEES/CHARGES | | | ٦ | | | | | | |
| | Mthly/Annual Fee Issuing Bank | | | 1 | Non-Member Check Cashing Money Orders | | | | | | | | |

Cashier's Check

Certified Check

Foreign Bank

Surcharge